



3075 Adeline, Suite 220, Berkeley, CA 94703

510-841-3224 (Voice)

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www.cforat.org

## PARENTAL PERMISSION FOR EXCHANGE OF INFORMATION

STUDENT: \_\_\_\_\_

I hereby give the \_\_\_\_\_ Unified School District my consent to obtain and exchange confidential \_\_\_\_\_ medical, \_\_\_\_\_ psychological, \_\_ educational, and other evaluations and information pertaining to my child with qualified personnel and institutions. This exchange includes verbal and written communications.

\_\_\_\_\_  
(Date)

This release is only for the current referral and may not be extended.

RECORDS REQUESTED FROM:

SEND RECORDS TO THE ATTENTION OF:

\_\_\_\_\_  
(School District)

Center for Accessible Technology  
(Agency)

\_\_\_\_\_  
(Department)

Attn: Sally Mirault  
(Attn to:)

\_\_\_\_\_  
(Address)

3075 Adeline, Suite 220  
(Address)

\_\_\_\_\_  
(City/State/Zip)

Berkeley, CA 94703  
(City/State/Zip)

\_\_\_\_\_  
(Phone)

510-841-3224  
(Phone)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Phone)